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AUTHOR Steele, Brandt F.
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ABSTRACT

Child abuse and neglect is seen as an abnormal parenting behavior which has resulted from neglect or abuse of the abusive parents during their early lives. Included are brief sections on the following topics: the development of the abusive child-rearing pattern (lack of sufficient love and care, extremely high premature demand for performance, and excessive criticism and physical punishment for failure); psychological characteristics and problems (such as immaturity, dependency, lack of appropriate sympathetic responses, and inability to have pleasure) of abusive parents as encountered during the therapeutic relationship; parental misperceptions of the child; the constellation of psychological characteristics of abusive parents; the inability to cope with crises; goals of treatment; general problems of working with abusive parents which include parental reluctance to become involved, avoidance of criticism, lack of adequate and accurate information, and distrust by parents of a social caseworker from a different race, culture, or economic background; and treatment modalities including public and private social agency casework, psychotherapy, group thereapy, behavior modification, and role modeling. (SB)

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Working With Abusive Parents From A Psychiatric Point Of View

Brandt F. Steele, M.D. Professor of Psychiatry
University of Colorado Medical Center
and
Chief Psychiatrist
National Center for the Prevention and Treatment
of Child Abuse and Neglect
Denver, Colorado

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Foreword

On January 31, 1974, the Child Abuse Prevention and Treatment Act (P.L. 93–247) was signed into law. The Act established for the first time within the Federal Government a National Center on Child Abuse and Neglect. Responsibility for the activities of the Center was assigned to the U.S. Department of Health, Education, and Welfare which, in turn, placed the Center within the Children's Bureau of the Office of Child Development.

The Center will provide national leadership by conducting studies on abuse and neglect, awarding demonstration and research grants to seek new ways of identifying, diagnosing and preventing this nationwide problem, and by giving grants to States to enable them to increase and improve their child protective services.

One of the key elements of any successful program is public awareness and understanding, as well as the provision of clear and practical guidance and counsel to those working in the field. It is for this reason that the National Center on Child Abuse and Neglect is publishing a series of six booklets—three comprehensive and related volumes describing the roles and responsibilities of professionals, and the community team approach among a wide range of other subjects; three shorter booklets will deal with the diagnosis of child abuse and neglect from a medical perspective, working with abusing parents from a psychiatric viewpoint, and setting up a central registry.

While some material in all these publications deals with studies of specific local programs as opposed to generalized approaches, they are not intended to represent categorical *models* upon which other programs should be based in order to be effective. Rather, they are intended to provoke thinking and consideration, offer suggestions and to stimulate ideas. Similarly, the views of the authors do not necessarily reflect the views of HEW.

We are deeply indebted to the six individuals who reviewed all these publications: Dr. Vincent DeFrancis, Mr. Phillip Dolinger, Ms. Elizabeth Elmer, Dr. Frederick Green, Dr. C. Henry Kempe and Dr. Eli Newberger. Their expertise and advice have been invaluable in putting this series together.

We hope that everyone concerned with detection, prevention and treatment of child abuse and neglect will find some, if not all, of these publications of use in the vital work in which they are engaged.

We hope, too, that they will be of use to those individuals and organizations wishing to become involved.

Working With Abusive Parents From A Psychiatric Point Of View

Introduction

In the following pages working with abusive parents will be discussed from a psychiatric point of view. This does not mean a description of a technique of psychotherapy for a specific psychiatric disorder carried out by psychiatrists; child abuse and neglect should not be considered a psychiatric disorder in the usual sense of the word. A better perspective is obtained if we understand the problem as an abnormal parenting behavior, a distorted, disordered pattern of child rearing, even though the origin and development and expression of this pattern of parenting can be clearly described and understood in psychological terms. Psychiatric concepts of human development and psychiatric insights into human behavior will be used in this document as main principles to provide a framework in which to approach, understand, and work toward alleviating the problems of child abuse and neglect. Although primarily oriented toward working with parents of infants and very young children, the same principles are often equally applicable in families in which much older children have been mistreated.

The actions of parents or other caretakers which result in abuse of infants and children do not fall into any standard diagnostic category of psychiatric disorder nor should they be considered a separate specific psychiatric disorder themselves. Yet to consider child abuse as a derailed pattern of child rearing rather than a psychiatric disorder does not

mean that abusing or neglecting parents are free of emotional problems or mental illness. They may have many psychiatric disorders, much the same as the general population. They have about the normal incidence and distribution of neuroses, psychoses, and character disorders which exist rather independently and separately from the behavioral patterns expressed in abuse of their offspring. Such psychiatric conditions may warrant appropriate treatment in their own right regardless of the coexistence of patterns of abuse.

There is a small group of abusive parents (less than 10 percent of the total) who suffer from such serious psychiatric disorder that they may be either temporarily or permanently unavailable for treatment of the more subtle problems of abuse. Among such conditions are schizophrenia, serious postpartum or other types of depression and incapacitating compulsive neuroses, with or without phobias. Ideally such persons should be screened out of the regular treatment program and given inpatient or outpatient care as necessary. Also in this group are those parents who suffer from severe alcoholism, abuse of narcotic and non-narcotic drugs, or from significant sexual perversion, and those who have been repeatedly involved in serious antisocial violent or criminal behavior. Such troubled persons need much more intensive, prolonged psychiatric care and social rehabilitation than can be provided in the usual child protective program. Until such measures have been accomplished it is futile to try to alter the pattern of abuse. It is obvious from the above that psychiatric consultation should be available in all situations where workers are dealing with the problem of child abuse and neglect. Proper psychiatric screening procedures ensure that the most troubled parents will receive the appropriate type of care and also protect workers from spending enormous amounts of time and energy on problems which require other special kinds of intervention. Working with such disturbed parents should never be delegated to the usual worker in child protective agencies. It is unfair to child, parent, and worker, and the results are usually unhappy for all concerned.

Before going into more specific discussions of the ways of working with abusive parents a few words must be said about the socioeconomic status and racial background of abusing families. Unfortunately, because so many of the early reports and descriptions of child abuse came through welfare agencies and municipal hospitals it became a common belief that abuse and neglect of infants were associated with racial minorities and poverty stricken groups of people. Such ideas still persist in many quarters despite the

increasing knowledge that child abuse and neglect occur among families from all socioeconomic levels, religious groups, races and nationalities. These facts should not be interpreted to deny the profound effect which social and economic deprivation, housing problems, unemployment, and subcultural and racial pressures have on the lives and behavior of the caretakers who abuse and neglect their children. Any stress can make life more difficult, and the ramifications of poverty can make anything worse than it would otherwise be. Such factors may be, and often are, involved in one way or another or in varying degree in many cases of abuse. They must be considered in every program of treatment of the families in which abuse occurs and appropriate actions and remedial measures undertaken through social casework, psychotherapy, counseling, vocational rehabilitation, financial aid, or any other method available to the agencies involved with the family.

A word of caution is appropriate: no matter how necessary and useful it might be to improve the socioeconomic status of parents, this should not in any way be confused with treating the more deeply seated personal character traits which are involved in abusive behavior. It is well recognized that individual acts of abuse may occur when the parents are faced with a crisis in relation to finances, employment, illness and so forth, but such crises cannot be considered adequate causes for abuse. Crises of this kind are equally common in the lives of many people who never display abusive behavior and on the contrary, abuse can occur in families who are wealthy, well-educated and well-housed. The role of crisis as a precipitating factor in abusive behavior is an important one, however, and will be discussed more fully later.

In the past, essentially the entire burden of caring for abusive parents was carried by social workers in both public and private agencies, including general welfare, family services or special child protective services, and at present social casework still performs a greater part of the task of dealing with problems of abuse. In recent years the more widespread public knowledge of the problems of abuse has resulted in an enormous increase in reported diagnosed cases, and there has been a corresponding increase in the number of people from other disciplines who have become involved in programs of care. In the hospital setting where many cases are first encountered and cared for, crisis intervention and emergency care may be provided by pediatricians, psychiatrists, nurses, and house officers as well as by social workers. Longer term followup care is provided through general public welfare and private social agencies interested in child protection and also in health based child

protective services including both hospitals and community health clinics. In all of these agencies there may be a wide range of people involved in actually working with abusive parents: social workers, psychiatrists, psychoanalysts, psychologists, public health nurses, mental health workers, and many non-professionals including self-help groups, lay therapists and homemakers. Because our society has increasingly made the care of children and their health a matter of public importance, cases of child abuse have now come under the purview of the legal system with increasing frequency. Law enforcement officers, judges, probation officers, prosecuting attorneys, defense lawyers, and guardians ad litem may all enter the picture at various times in the management of families where abuse has occurred.

The first task faced by all those who try to work in the area of child abuse, regardless of professional background or lack of it, is that of coming to peace with one's own attitudes toward the problem of abuse and neglect of infants and small children. It is very emotionally disturbing to see a seriously injured or neglected baby, and we usually respond in either of two ways when confronted with the situation. We may disbelieve that such a thing could actually be true. We deny that parents could really have attacked their own offspring and that some other explanation for the situation must be found. Alternatively, if we do believe actual facts of what has happened we tend to have a surge of righteous anger and feel disposed to scold and punish the parents. Obviously neither of these attitudes is useful in trying to do something to better the situation and help the parent improve his method of child care. Denial precludes any chance of dealing with the problem, and long experience of many people has indicated over and over again that criticism and punitive attack of the parents has adverse effect and no real therapeutic value. Most useful in eliminating, to the highest degree possible, an attitude of anger toward the parents is a knowledge of how the parents' own life and difficulties help in understanding why he happened to become an abusive parent. Probably the thing which is most helpful in producing an understanding non-punitive stance in the one who is working with the abusive parent is to realize that one is not working with an abusive parent as much as one is working with a grown up person who was in his own early life a neglected or abused child himself. This one basic premise is probably the most important thing to keep as an organizing principle in the back of one's mind as one is trying to understand and work with abusive parents regardless of one's own professional training or type of approach.

The "Natural History" of Child Abuse

In order to put our therapeutic efforts on the most rational basis possible as we deal with the abusive pattern of child rearing, it would be well to understand something of its origin and development. As noted above, it is found that almost without exception abusive parents were neglected and abused to some degree in their own earliest lives by their own parents. In essence they are rearing their own children in the same fashion in which they themselves were brought up. Thus abusive behavior is related to a life-long pattern deeply embedded in the character structure and it is obvious that treatment or alteration of this parental behavior will be a difficult and probably long term project.

The term "neglect" has two very different meanings as it is used in this discussion. One is the common meaning of material neglect signifying a lack of adequate food, clothing, shelter, cleanliness, etc. Significant deprivation in these areas, particularly nutrition in the first two years of life, can lead to serious permanent deficits in general physical growth and in brain development. Such developmental deficits, even when mild, can diminish the adult's ability to cope with life problems in an optimistic way. Such material neglect may or may not have been present in the parents' early life or appear in their present dealings with their children, abuse can exist with or without the concomitant material neglect. Much more prevalent and important is the phenomenon of emotional neglect, by this term we refer to the situation in which the caretaker of the infant or small child provides less of the warm sensitive interaction than is necessary for the child's optimal healthy growth and development. Instead of being empathically aware of the child's state and needs and responding in appropriate fashion, the parent disregards the child's condition and acts in ways primarily oriented toward parental needs and convenience.

Most abusive parents believe babies should not be "given in to" nor allowed to "get away with anything"; they should not be picked up and comforted when they cry nor should they be permitted to become too dependent; they must periodically be shown "who is boss" and to respect authority so they will not become sassy or stubborn. This fear of spoiling infants and the measures taken to avoid it are not confined to abusive families. These attitudes are common throughout the Western culture in a moderate form but they are expressed in a rather extreme degree in abusive parent-child relationships.

The effects of this inadequate empathic care or lack of "good enough mothering" during the first two years of life are profound and enduring. Most evident are a deep lack

of basic trust and confidence, and a tragically low sense of self-esteem which persists into adulthood to plague the lives of abusive parents. Abundant evidence shows that the ability to be an empathic caretaker of an infant is directly related to the degree of empathic care received by the parent in his own first months. Inadequate care during the infantile experience will result in inadequacy of adult ability unless significant remedial events have occurred in the intervening years. In this phenomenon of infantile experience being the basic determinant of later adult behavior we see the essence of the transmission of abusive child rearing patterns from generation to generation.

As a corollary to having been brought up with inadequate thought given to their own needs, abusive parents experienced in some way a higher than average degree of demand and expectation for performance which would satisfy their caretakers, even though they could also be overindulged in other ways. Much too much was expected of them much too soon in their lives. Inevitably they could not meet all the high standards of behavior set for them and they were scolded, criticized, belittled, pictured as ineffective, and frequently physically punished for their failures. Such physical punishment inflicted on the child because he is misbehaving or otherwise unrewarding is the cause of the bruises, lacerations, fractures, burns, and other injuries which characterize the picture of child abuse.

The punitive parental attack is not, as it is often thought to be, a haphazard uncontrolled impulsive discharge of aggression by the parent onto the infant. On the contrary, it appears as a specifically organized unit of behavior designed to punish and correct specific bad conduct or inadequacy on the part of the child. The problem lies in the parents' unrealistic estimates of what the infant is able to understand and to do, and in misperceptions of what the infant is like and what his intentions are. The baby is seen by the parent as more mature than he really is and able to satisfy the caretakers' wishes. Failure to do so implies stubbornness or actually purposeful meanness on the baby's part, behavior which the parent has the moral right and duty to correct. Much of what the parent finds wrong in his offspring are the same things for which he himself was criticized and punished as a child, hence his punishment carries the approval of traditional family authority and an aura of righteousness. This concept of the aggression released by the parent being a rather specifically structured action is supported by the well known fact that only one child in a family may be abused while others go scot-free, and that children are punished only for certain misbehaviors and not for others. Clearly, aggression is not discharged

indiscriminately, even though under parental stress it may be rather suddenly and explosively released. Psychological testing of many abusive parents also indicates that free impulsivity is not a common characteristic.

Much like the common cultural disapproval of dependency and the accompanying fear that children are in grave danger of being "spoiled," there is also a very pervasive cultural belief in the educational value of punishment. The close relationship between these two ideas is nicely expressed in our cherished saying "spare the rod and spoil the child," a concept shared by many members of our society either openly or subconsciously. Since the dawn of history people have followed the belief that punishment will stop bad behavior and instigate better patterns of performance. There is no question about the former; physical punishment will quickly inhibit activities toward which it is directed, a clear-cut effect which can be demonstrated in lower animals as well as in man. On the other hand, the effect of punishment as a useful tool to produce good behavior has never been adequately documented, and there is some evidence to indicate that over the long term, punishment is not effective in stopping undesirable patterns, nor will it truly create the better patterns of behavior which are desired. In fact, punishment may ultimately result in perpetuating undesirable patterns. The abusive behavior of the adult seems closely related to punishment received in early childhood.

It is the triad of lack of sufficient empathic love and care, accompanied by extremely high premature demand for performance and excessive criticism and physical punishment for failure that constitutes the essence of the syndrome of child abuse. The far-reaching effects of having had these experiences in infancy as they appear in adult life are what we try to modify when we are working with abusive parents.

Psychological Characteristics and Problems of Abusive Parents as Encountered During the Working Relationship

We have sketched in the main an outline of the pattern of child care which leads to neglect and abuse and have described the main factors in the early life of the parents which lead them to follow this pattern. Certain personality factors and characteristic traits are prominent in the parents and quickly come to the attention of those who are working with them.

Parents who abuse their children, both men and women, are often described as being "immature," very "needy," and "dependent." For many of them, probably a majority,

these descriptive terms are essentially accurate, yet too often they are used in a critical derogatory sense rather than as valuable clues to the basic characterological difficulties which must be dealt with in treatment. Children who are brought up as these parents were, under the constant admonition to be strictly obedient to the external demand and to disregard their own thoughts and feelings, were inevitably inhibited in their own independent maturation and development. They learned the lessons they were taught only too well; they have not used their own innate abilities to develop an independent internal body of knowledge which enables them to use good judgment about what to do and how to do it in life. To a large extent they have remained "immature" and "helpless," needing proper authority to tell them what to do and when to do it. Most often the "proper authority" is what they remember of the rules of their past childhood.

One aspect of immaturity is the high need for reassurance expressed by many parents as a result of not having adequate confidence in their own knowledge of what is best to do. They need a great amount of feedback from the environment to reassure them that they have done adequately well and not made a mistake. Their own earlier lives were so full of being criticized and accused of failure that they cannot trust their own estimate of performance. If there are no usable clues in the immediate environment to provide a guide to appropriate actions, the parent may quickly and automatically fall back upon patterns learned in childhood and repeat the behavior of his own parents. This is particularly true in situations which appear to be a crisis to the parent or which involve significant emotional tension. Inevitably there is a significant inability to plan for the future, problems are managed by finding short term ad hoc solutions which may take care of the immediate situation but which have little useful bearing on long term success. Crises are often handled in this ineffectual way thereby laying the groundwork for further crises.

Although these patterns of problem solving are quite reminiscent of those used by children and adolescents they are not entirely age related. Although many abusive parents are immature in the sense that they are in their late teens or very early twenties, the same patterns of coping with life's problems are seen in abusive parents on into their thirties or forties.

The immaturity of the abusive parent can best be understood as a phenomenon of developmental arrest, or as a partial inhibition of the child's normal personality growth—a blockage of the normal drives toward maturation. One of the most important tasks of working with abusive par-

ents can therefore be conceptualized as taking whatever measures are necessary or available to eliminate or to work around such blocks and inhibitions, thereby opening the way for resumed growth and development.

Closely interwoven with the phenomenon of immaturity is the ever-present problem of dependency. We have already noted above how the abusive parent as a growing child was blocked in his attempts to develop inner directional controls and to become dependent upon external authority to direct, evaluate, and reassure him about his success or failure in his attempts to deal with the world. It is not surprising that many of the parents with whom we work need excessive amounts of guidance and support to overcome their apparent helplessness and obvious need for support. A note of warning should be sounded at this point in relation to the management of this problem of dependency. Many abusive parents are obviously in need of advice and guidance and may freely ask for it. To comply directly with this request is to unwittingly repeat the situation of the past in which their parents incessantly told them what to do and how to do it. This can perpetuate the already existing problem. On the other hand, not to respond to such requests is another repetition of the past, in which their parents never listened to them or to their thoughts or feelings. It is indeed a difficult situation for the worker who must listen and show clear understanding, and offer useful support and information without giving controlling advice.

There is another form of dependency, usually quite strong, which is present in every parent who shows abusive or neglective behavior toward his offspring. It can be expressed openly and directly very early in a therapeutic relationship or it may be kept covered and hidden for a long time, expressed only through very indirect means. This dependency is the manifestation of the parent's deep inner emptiness and a yearning need for the satisfactions, care, and consideration which he has never had. It is the persistent residue of the emotional deprivation experienced in childhood, directly related to a lack of adequate amounts of good empathic "mothering." Their care as infants and small children was not appropriately related to their own state, need, or stage of development, but predominantly oriented toward the needs, convenience, whims, and demands of the caretakers, especially the mother. They did not feel safe, loved, comforted, listened to, or adequately cared about. Since "good enough mothering" during early childhood is a necessary component of good healthy physical and emotional development, it is again evident that our abusive parents have had their development interfered with to some degree. As adults they are still painfully, patheti-

cally, and usually rather ineffectually trying to find those ingredients of love, affection, and interest which they missed in early childhood and which they still need to become adequate capable adults. It is doubtful if the release of aggression which causes physical abuse could occur except as it is made possible by the parent's inability to be considerate of his own infant's needs. The lack of consideration is the direct result of the parent's lack of empathic loving care in his own childhood. Experience indicates that abusive parents cannot easily change their own patterns of child care unless those who work with them give them some evidence of the care and consideration they missed in childhood, and which is necessary for their resumption of growth.

The immaturity and dependency described above is essentially functional in nature, related to the emotional deprivation endured in early life. Hence it can be remedied to a significant degree by more rewarding and more satisfying experiences in adult life, especially those occurring during carefully managed therapeutic working relationships. It is necessary, however, to keep in mind another cause for the inadequacy and inept parenting behavior. A small but significant number of children who were abused or neglected in their earliest years suffered organic brain damage due either to head trauma or to malnutrition during critical growth periods. As a result they had perceptual defects, diminished IQ, and significant delay in language development. These deficits may produce in later adult life a condition characterized by significant lack of basic knowledge, and attitudes of helplessness, immaturity, and dependency. If such organic causes of difficulty are suspected by the worker, careful evaluation by appropriate psychological testing and psychiatric examination should be undertaken. Such parents who are organically impaired will not respond easily, if at all, to the usual methods of working with abusing parents, whereas those whose immaturity and dependency are essentially functional in origin are much more responsive to interventions. If parental dysfunction due to brain damage is documented, therapeutic goals can be appropriately revised and limited, thereby preventing the expenditure or much unproductive effort by the worker.

Another significant problem which begins in infancy as a result of deficit in adequate empathic mothering and which lasts throughout the following years into adulthood is the lack of basic trust and confidence. Abusive parents learned very early in childhood they could not rely on the environment for appropriate sympathetic responses to help them survive and meet their needs. It is not surprising therefore

to find them "resistant to help." Those in their own family to whom they looked for help were the ones who either neglected or abused them. Abusive parents are not only reluctant to seek help, they may actively avoid it even when it is offered; they may be resistant to it and reluctant to follow through despite superficial cooperative attitudes. Frequently they show a very suspicious attitude toward those who offer help and may try to retreat from them. It is not unusual for a parent to question a worker about why help is offered, or even ask what is in it for the worker and what does the worker expect in return for the help. The worker should not be dismayed if offers of help are spurned.

The combination of immaturity, excessive dependence, and lack of appropriate response to offers of help all add up to an extremely difficult situation. Many workers have concluded unfortunately, that such persons are both "unmotivated" and "untreatable." Admittedly such factors in the personality of abusive parents place them among the more difficult people with whom to work, yet these personality factors are the very things which must be treated and worked with in order for the abusive parent to get beyond his difficulties. They should not be construed as reasons for not giving this help. Awareness of the origin of these difficulties in the parents' early life makes their presence more tolerable to the worker and gives a rational basis for an approach to their alleviation.

Not all abusive parents reveal the picture of immaturity, dependency, and resistance as described above when they are first seen. On the contrary they may be belligerent, antagonistic, very sure of themselves, and critical of all those they have seen. They may aggressively demand they be let alone to follow their own ways. They may also show more open assertive or aggressive behavior toward society in general. Despite this rather striking difference in outward behavior and attitudes, underneath these parents are just as frightened, immature, and dependent as those who do not show such superficial aggression. Their angry, assertive, self-confidence is at least partly a shaky defensive maneuver which covers up great neediness, loneliness, and a tragically low self-esteem and helplessness. Their peudo independence and "leave me alone" attitude is basically the same fear of being hurt and taken advantage of rather than helped and comforted. They too suffer from the same problem of social isolation.

Such angry behavior can interfere markedly with attempts to work with these parents. On the surface the anger appears to be quite inappropriate and irrational but it can also be understood on another level as an evidence of the parents' attempt to undo the past and work toward a

healthier pattern of behavior even though it is a poor technique for accomplishing this task. In a way they are saying "I will not be controlled, managed, and interfered with by outside authority as I was in my childhood. I am going to become independent and run my own life." In addition to this element of rebelling against the past and trying to establish independence there is also a residual element of the identification with the authoritative parents of early childhood who were aggressive and in essence said, "I know best, and I'll be boss, and I'll see that people do what I want." The parent is thus in his own unhappy way trying to be and act like an adult, using an old pattern learned in childhood for this. Seeing the parent's angry behavior in this perspective rather than feeling it as a direct personal attack makes it possible for the worker to deal with the situation more comfortably and constructively.

Another prime source of trouble for abusive parents is their diminished ability to have pleasure. For many this is a serious deficiency. They cannot describe much rewarding pleasurable interaction with relatives or neighbors. Friendships are shallow, and participation in social activity is minimal and without deep meaning. Husband and wife may have difficulty in ever finding opportunity and babysitters in order to have an evening out together. The marriage, either legal or common law, may be held together more by mutual neediness and a fear of finding nothing better than by real love and happiness. The relationship, even when stable and continuing, is marred by poor communication, inconsideration, and lack of joy. For women particularly, the ability to have genuine genital sexual pleasure with satisfying orgasm is much diminished. It is overshadowed by a general sense of needing to be loved, cared for, petted, cuddled, and held in an almost childlike way. In men, although they are orgastic, there is less orientation toward sensual pleasure than toward a need to bolster a fragile sense of masculinity and competence. The lack of pleasure can also be observed in the interaction between parents and children. The parents do not show much joy in the simple fact of having children nor really happy pride in the child's growth and accomplishment. Child performance is seen as a compliance to expected duty and proper submissive obedience rather than pleasurable discovery and admirable development. At the same time strict parental control inhibits the pleasurable, playful, and exploratory activities of the child, and pleasurable vocal and tactile interaction between parent and child are much diminished. The pervasive incapacity for happiness which began in earliest childhood and persists into later life leaves the parent in a vul-

nerable position with no adequately rewarding relationships with other adults or spouse, and no way of satisfying needs. The parent inevitably turns to the only other person present, the baby, as a last resort, a last hope for satisfaction. In this circumstance faced with the task of having to make up for deficiencies in the parental life, the infant is taxed far beyond his abilities and inevitably fails. His failure can then be seen as a punishable offense by the parent and abuse can occur.

From the above it can be seen that one of the intermediate goals of therapy is to help the abusive parent find more satisfaction from the adult world through overcoming his fear and distrust of people and finding new ways to gain pleasure. Only after the parent has succeeded in getting at least minimal satisfaction in this way will he be able to give a child the chance to be free enough to find adequate pleasure. One criterion of success in working with abusive parents is seeing their children becoming less restricted and inhibited and showing more pleasurable activity than before.

Parental Misperceptions of the Child

Several times in this discussion we have noted the excessively capable performance which abusive parents expect from their infants and children beginning in the first months of life, and also noted how this interaction is oriented toward parental satisfaction rather than gratifying the child's needs. This pattern involves a significant misperception of the child by the parent. It has often been called "role reversal," which is an apt and accurate description of the phenomenon. Essentially the parent acts like a helpless needy child looking to his own baby as if it were an adult who could provide parental care and comfort. Several elements are involved in this reversal. One is the parent's residue of infantile deprivation which leads him to persistently feel like a child looking for parental help in an attempt to assuage his emptiness. As a second factor, the parent has a strong belief firmly rooted in his own childhood experience that parents automatically turn to their children for gratification of need. This gives a note of authority to the process. A third factor of different, almost opposite, nature is the idea frequently expressed by parents that the crying infant sounds "just like my mother (or father) screaming at me to do something, and criticizing me for failure." This last factor in which the object which should be satisfying becomes instead an attacking figure, explains, in part, the arousal of anger in the abusive parent. Other common misperceptions are that the child is in some way innately evil,

deficient, or destructive, and may be deliberately trying to thwart the parent or make the parent's life miserable. These are often related to ideas that the child is the embodiment of the parent's own "bad" childhood self or is seen as having the characteristics of undesirable relatives or hated siblings. Thus the baby may be described as "he is as bad as I was when I was a kid" or "just like his no good father" or "as mean as my lousy sister."

All of these misperceptions may at times be expressed quite openly by the abusive parent but more often they are essentially unconscious. It is important for the worker to be aware of their existence and the profound effect they have on the instigation of abuse, also that they have an understandable origin despite their apparent irrationality. Direct confrontation of the parent with the illogicality of his misperceptions should be done with great caution. Unless he is in a solid, comfortable, trusting relationship the parent is very likely to feel misunderstood, criticized, accused of being crazy, and definitely put down. It is usually more profitable if the worker with skillful questioning can help the parent gently explore the background of his ideas and find out in his own way how they are unrealistic. In fact the misperceptions may not need to be dealt with directly at all. The parent who is treated by the worker with sensitivity and empathy will in turn become empathic, and as he views his child with greater sensitive awareness of the child's real character, the misperceptions automatically diminish.

The already difficult problem of misperceptions can be complicated by the presence of real abnormalities in the infant. Some babies are inevitably more demanding and less rewardingly responsive to their parents because of prematurity, congenital defects, illness, genetically determined hyperactivity, and many other things. Even normal babies can be seen as troublesome and unsatisfactory if born at an inconvenient time or of the wrong sex or are otherwise undesirable. However, such reality factors must not be confused with the basic tendency of the abusive parent to misperceive his infant and to cloak his misperceptions under the guise of reality. It is the task of the worker to understand and deal differently with the two elements of reality problems and parental misperceptions, even though both of them focus around the failure of the infant to be adequately satisfying. It is the abusive parent's general immaturity and dependency which leads him in a childlike fashion to be less aware of his internal problems and to see all difficulties as the fault of the external world. Closely associated is the parent's general tendency to approach possible sources of help with reluctance and suspicion.

The Constellation of Psychological Characteristics

No two abusive parents are exactly alike, of course, but in general all of them share in some degree in a variety of combinations all of the characteristics described in the previous sections. The main components of this constellation of factors involved in abuse may be summarized as follows: (1) the special form of immaturity and the associated dependency in its various manifestations; (2) the tragically low self-esteem and sense of incompetence; (3) the difficulty in seeking pleasure and finding satisfaction in the adult world; (4) the social isolation with its lack of life lines and reluctance to seek help; (5) the significant misperceptions of the infant, especially as manifested in role reversal; (6) the fear of spoiling infants; (7) the strong belief in the value of punishment; (8) serious lack of ability to be empathically aware of the infant's condition and needs and to respond appropriately to them. The cumulative effect and dynamic interactions of these various factors makes it extremely difficult for the parent to maintain equanimity and be successful as he tries to meet the demanding tasks of child care. The daily care of infants and small children requires large amounts of time, physical energy, and emotional resources. The caretaker needs to have much patience, ingenuity, empathic understanding, and self-sacrificing endurance. These are the very things which we see tragically lacking in abusive parents. They have never had their own needs satisfied well enough to provide the surplus which would enable them to give to the infants under their care. With good reason they often doubt their own ability to do even a minimally acceptable job. They do not know where or how to seek help. In contrast to averagely successful parents they do not have an adequate support system of spouse and extended family, or helpful neighbors, friends, pediatricians, and so forth. Probably most importantly of all, they do not have a background of life experience which has enabled them to get pleasure out of life and to trust other people. They have no storehouse of spare emotional energy, but live a precarious hand to mouth emotional life, without a built-in cushion of hope, or available contacts to tide them over tight spots and crises. It is because of this that crises are crucially important in the lives of abusive parents and are often the precipitating factor in single events of abuse.

The Role of Crises

As all parents know, crises are a fact of life. There are crises in finances, housing, jobs, family relationships, illnesses of parents and children, death of relatives, the breaking down of household appliances and automobiles,

separation from close friends, problems at schools, and many other things. Self-confidence, ingenuity, and useful knowledge of how to seek help are necessary to cope with crises. Abusive parents do not have these abilities and any crisis has a greater impact on them. If a crisis cannot be coped with adequately it lasts longer, becomes more distressing, and can develop into an even more serious crisis. Eventually the situation may become disastrous and unmanageable. Parents become pushed beyond their strength, feel desperately helpless, and end up abusing the child. The occurrence of a crisis, whether it is a major one such as job loss or a less severe one such as breakdown of a washing machine, or an emotionally significant one such as failure of a spouse to remember a birthday, may be the last straw which pushes the parent who is already working at the limits of his ability over the line into feeling overwhelmed. At such times the parent may feel unable to ask a spouse for help or if he does ask, may be angrily rejected or abandoned by the spouse who also feels overwhelmed by the demand and cannot cope. For a spouse to be angry and leave the house at a time of crisis is often the final precipitating cause of an abusive action by the parent who is left behind alone with the child. Hence one of the prime tasks in working with abusive parents is helping them understand the impact of crises in their lives and providing support while new techniques of handling crises and anticipating them are developed. The worker must keep in mind that what may appear to him as a minor easily managed problem may to the abusive parent be a devastating unmanageable disaster. Often the worker's ability to be sympathetically understanding and helpful around even minor crises may be the first step toward developing a useful ongoing working relationship and the beginning of parental rehabilitation.

Goals of Treatment

The main goal of working with abusive parents is to help them relinquish an abusive neglectful pattern of child rearing and replace it with a method of care which is more rewarding to the parents and at the same time conducive to optimal development of the child. This means we must reopen the channels of growth and development for parents to help them get beyond their limitations and the hampering residual liabilities of their own early lives; in other words to become more mature. Subsidiary goals which are necessary steps to reaching the main goal of more maturity are those things which have already been referred to in previous sections. These necessary components of growth are the building of self-esteem, the development of better

basic trust and confidence, learning how to make contacts with other people in family, neighborhood, and community, to establish rewarding life lines for help, and developing the ability to enjoy life and have rewarding pleasurable experiences in the adult world.

To reopen the channels of growth and development for the parent means the reinstitution of processes of learning. The abusive parent will be learning new ways of looking at himself, the character of the world around him, and his relationship with that world. Following this he will learn new techniques of living so as to improve the state of himself and his family. Learning to be more capable in all these spheres, however, does not mean learning to be perfect. Instead, learning means the attaining of an ability to try something, and in spite of making mistakes to try again, and eventually to find the most effective technique possible to gain the ends which are desired. Abusive parents need very much to learn that making mistakes is not the catastrophe they were lead to believe it was in early childhood. Mistakes are a normal fact of human existence, whether it is in childhood learning to walk and talk, in adolescence in learning to drive a car or do algebra, or learning how to run a computer and raise children as an adult. As workers we must accept errors in ourselves and others and be ready to give approval for success even though it is minimal. Guidance and education toward improving the ratio of success to failure is one way of describing our work. The worker is not an indoctrinator but rather a teacher who makes learning possible for the parent.

Working With Abusive Parents: General Problems

It is important to recognize that abusive parents are in some way significantly different from the usual people who come to individuals and agencies seeking help for their problems with confidence they will be reasonably well understood and assisted. Whether they come voluntarily or under some pressure, abusive parents usually enter the relationship with those who try to work with them hampered by a set of characteristics which makes the relationship difficult. They do not expect to be listened to, understood, or really helped. At the same time they are fearful they will be criticized and punished and not cared about. As a rule they have already felt accused or attacked by somebody as the various agents of society have discovered and described their behavior as neglect or abuse. They are thus reliving a new edition of their lifelong nightmare of being fearful of criticism and punishment for failure to do well. Under these circumstances it is difficult to establish a good work-

ing alliance. It is crucial in the first stage of trying to make contact that the worker keep foremost in his mind how the situation looks and feels to the abusive parent and not expect the parent to recognize or appreciate the worker's good intentions. Parental reluctance to be involved and suspicious attitudes should not be thought of as irrational or "paranoid," but rather as the inevitable result of past life experience. The openly angry, argumentative, obstructive, rejecting, and evasive behavior of some parents can be an almost insurmountable obstacle to developing a useful relationship. Often there is little the worker can do except patiently wait it out without retaliation, trying to find times to be supportive and appropriately helpful, always keeping in mind that the attacks are the parent's way of life and not a valid personal criticism of the worker. This problem can be lessened or avoided if the therapeutic worker is not active in the investigation or the reporting of abuse. Those who have been involved in questioning, documentation, and accusation can then remain the main target of parental anger, leaving the therapeutic worker a better chance of being seen as a helper. In instances where parents remain severely negativistic, it sometimes helps if the task of seeing the parents can be split or shared between two workers, one to maintain office contacts and another to make home visits. The participation of two workers may lead parents to believe others are really concerned for them, and it also makes the difficult burden easier to carry for the workers involved. Obviously, in many situations, due to organizational policy and manpower problems, a single worker must perform all functions, from investigator and court witness to therapeutic helper. A worker faced with this complex task must maintain unusual equanimity, and must maintain a firm but not judgmental attitude that reporting is necessary and at the same time give evidence of sympathetic human concern. Supportive backup and consultation are invaluable aids in helping the worker perform these multiple difficult functions.

There are a few abusive parents who are quite agreeable, docile, and cooperative at the beginning of contact and remain so for some time. Occasionally this attitude is appropriate, as these are people who have had a less distressing experience in early life. They are able to respond more readily to an honestly helpful worker who offers some measure of liking and support. Most often, however, such parents represent a special category of grownup abused children who learned early in life how to read the cues and clues presented by the environment, and to respond in appropriate ways to stay out of difficulty. They have found a successful way of avoiding criticism and punishment. They

can perceive what will please people and act accordingly. It is important for the worker not to be misled by this superficial appearance of everything being all right and going along well. The superficial appearance of problems being solved and family life improving may lead an unsophisticated worker to terminate therapeutic work much too soon, resulting in further injury to the children. By maintaining a high index of suspicion an observant worker can pick up clues to disturbing family situations which have been glossed over, and which make further contact absolutely necessary. Home visits are a valuable technique of finding these background problems. In this situation too, the sharing of the relationship between two workers can be quite valuable, as the parent will unwittingly present very different pictures of family life to the two workers thereby providing clues to the difficulties which have been hidden.

Workers are almost universally faced with the problem of proceeding on the basis of inadequate and inaccurate information. It is commonly recognized that parents do not give an adequate or accurate picture to investigators about how their family is living or about how the injuries to their child occurred. In fact, it is the discrepancy between the injury and the story of how it occurred as told by the parent that provides one of the most reliable clues in diagnosing non-accidental trauma. The lack of "true confession" and pattern of not telling the "whole truth" is often interpreted as "lying" and "manipulation" on the part of the abusive parent. In a way this is true but it is definitely counterproductive for the worker to view the parent as a "deliberate liar." It is more useful to understand the parent's story as a response to fear and anxiety over discovery and punishment, and as a desperate attempt to defend against further attack and trouble. From this viewpoint it can be seen that the abusive parent is not a "con man" trying to outwit and manipulate the worker but rather as a frightened child who is "telling stories which are untrue" to protect himself from what he sees will be certain disaster. It is not an uncommon experience for a worker to find only after many months of relationship with an abusing parent that the full story of what happened between parent and child finally comes out after a trusting belief in the worker has developed. It is probably both unwise and pointless in most cases to press the parent to tell the truth or produce facts. Strenuous efforts in this direction are more likely to produce defensive, evasive maneuvers than useful accurate information. Unfortunately, in addition to the natural desire of the worker to know and get understanding there may be external reasons for pushing investigations, such as the need to accumulate data for use in court. If the question of

placement of the child has been brought up, the court may very well ask the worker to produce hard facts about the suitability of the home and the emotional readiness of the parents to keep their children. If the court is one which adheres to legal technicalities concerned with definitions of abuse and the priorities of parental rights over the safety of the child, it puts the worker in an absolutely untenable position. Fortunately, with knowledge of the problems of child abuse becoming more widespread and better understood, courts are increasingly interested in obtaining data oriented toward a useful understanding of family troubles and how to ameliorate them. Under these circumstances it is possible for the worker to give the juvenile court information which will help in the human rehabilitative management of the family's problems without the necessity of searching for absolute proof. Other legal, medical, and social sources must be called upon to help the therapeutic worker in this difficult situation.

A specific different kind of difficulty in establishing and maintaining a working relationship is encountered by workers in many areas of the country, particularly in large urban centers when the worker is involved with a parent of different race or from a significantly different cultural background or economic level. Workers from many disciplines are quite familiar with the profound distrust which parents have of someone of different racial background and their strong conviction that they will not only be misunderstood but probably criticized and denigrated. This can be a significant obstacle to progress and requires much time and patience to be overcome and worked through. It is particularly difficult to have this situation in an abusive parent because it resembles and reinforces the pattern which is already there in relation to early life deprivation, i.e., the deep belief that there will be no understanding and sympathy but will, on the other hand, be criticism and punishment. Great sensitivity and delicate handling by the worker are required to separate these two closely allied patterns. The two attitudes must be recognized as of different origin and meaning and dealt with separately despite their similarity. The most important principle is to accept the parent as an individual with a right to have his own ideas and to meet him on his own ground as comfortably as possible. Closely allied to these cross cultural difficulties are the different standards of what is normal or acceptable child care held by different cultures and subcultures. Practices which could be considered mild abuse in some subcultures would be considered completely normal and highly desirable patterns of child rearing in others. The worker must be keenly aware of such possible differences and avoid being trapped

into judgmental critical statements merely because the parent's cultural standards are quite different than those of the worker.

Treatment Modalities

The matching up of parent, worker, and treatment modality is difficult and is usually managed on a less than ideal scientific basis. Abusive parents are unique individuals, often with great reluctance to become involved in any form of treatment. Hence the type of treatment may be selected under great influence of what the parent will go along with at the moment rather than any theoretical reason for a specific method. It is equally true that the selection of a worker or a mode of treatment will be influenced by availability rather than theoretical principles. There is at present no data derived from thorough comparative studies which indicate how or why any one modality of treatment is more effective than another for particular kinds of parents. It is known, on the other hand, that even in the face of rather haphazard selective mechanisms, remarkably good results have come from parents who have been treated by many different methods.

By far the greater part of the burden of caring for abusive parents is carried by the public and private social agencies. Although the traditional values and methods of social casework are maintained in such agencies there is also an increasing use of other techniques and of paraprofessional workers under supervision. Social workers in health based child protective services have also been active in developing innovative techniques of working with abusive families. The whole area of the activity of social work and the problems of child abuse is so extensive that it cannot be covered in this discussion. The reader is referred to other publications for this information. It should be noted, however, that social workers in many different kinds of programs have been most active in developing services and training people in the areas of lay therapy, parent aides, homemakers, and other paraprofessionals, and have also been instrumental in arousing the interest of society in developing day care centers and crisis nurseries.

Many different modes of psychotherapy have been used in the care of abusive parents and their families. A few parents have been successfully treated by classical psychoanalysis, but the general character structure and life style of most abusive parents make this procedure quite impractical and probably unsuccessful. Psychoanalytically oriented dynamic psychotherapy in the hands of skilled experienced therapists has been extremely successful in many cases.

With most abusive parents the therapist must be more willing to adapt to patient needs and to allow more dependency than is ordinarily considered appropriate. Intensive psychotherapy which skillfully utilizes the transference, with avoidance of the development of a full transference neurosis, can stimulate great growth and deep structural change in these patients despite their severe immaturity and developmental arrest. In general, abusive parents respond best when psychotherapy is accompanied by supportive adjuncts associated with a cooperative child protective service or provided by individual social workers, lay therapists, or group therapy. Skilled and experienced psychologists can also work successfully as counselors and therapists in both individual and group situations.

There is increasing use of group therapy as a mode of working with abusive parents, but as yet there is a dearth of published reports describing fully either techniques or long term results. Groups may be composed of the single parent who has done the actual abusing or of mothers or of couples. Most groups are formed and led by professionally trained group therapists such as psychologists, psychiatrists, or other mental health workers, although social workers in protective agencies have also taken up this pattern of treatment. It is thought by some that it is always wise to have at least two leaders, preferably a man and a woman, and especially if there is an attempt to develop a couple's group the leaders must be male and female. A rapidly growing and extremely important movement is the development of self-help groups formed under the titles of Parents Anonymous and Families Anonymous. Organized on a voluntary basis by abusive parents themselves, with sponsorship and guidance from a professional worker, these groups provide a haven of safety and help for people who might otherwise be unable out of fear and anxiety to relate to any other kind of treatment program. After some time of working in such self-help groups the participants may be able to enter into other more extensive programs.

For those parents who have the courage and ego strength to enter into group programs the process helps them express their emotions more openly, and also to become desensitized to criticism. They find out they are not alone in their troubles and their self-esteem is improved. As an especially important benefit the group provides channels for developing contacts into the wider community, first with group members and later with others, a kind of relationship in which the abusive parent has been woefully lacking. Experience suggests that even though group therapy may be the chief mode of treatment involved in caring for abusive parents it may not be sufficient by itself. Contacts outside

the group, either with group leaders on an individual basis or with other workers from other agencies or disciplines, are often necessary for the patient's best development and improvement. This is not surprising: the basic difficulties which the abusive parent has are the result of deficits in the one-to-one relationship between child and parent in earliest life. It seems there must in some way be a corrective experience in this dyadic situation for the parent to profit fully by a therapeutic relationship. Couples groups can help solve the common difficulty of getting both spouses involved in treatment. Husbands are notoriously reluctant to get help, but the presence of male workers leads some of them to accept either group or individual treatment programs. It is important for both partners in the marriage to be involved in rehabilitative efforts if at all possible, regardless of which one was the actual abuser. Abuse is always, in part, a family problem with one parent actively abetting or condoning the abusive behavior of the other, even though not actually participating in the abusive acts.

Behavior modification techniques have been used to obtain changes in the attitudes and actions of abusive parents in a relatively short time. Whether this technique has validity for long term rehabilitation is not clear. To some extent positive reinforcement of desired behavior on the part of abusive parents is an element in almost all modes of working with them. On the other hand, the use of negative feedback techniques to induce parents to give up undesirable patterns is probably highly questionable, even though superficially successful. It is essentially a repetition of the very process of child rearing which led the parent to be in his present difficulties, he is responding again to negative attitudes of caretakers.

Other modes of dealing with abusive parents have used "role modeling" and techniques derived from learning theory. These modes are at least partly based on the assumption that the parent is in difficulty because he has not been given proper opportunity and material to develop adequate parental attitudes and actions. To some extent this is true, but these modes are based essentially upon the provision of material for cognitive learning whereas the deepest deficit in abusive parents is in the emotional or affective sphere. There is apparently a small group of parents who are neglectful or only mildly abusing, who can profit by the chance for cognitive learning of good parental techniques. However, the fallacy of believing this can be a standard method is demonstrated most clearly by the fact that in many cases, even those of serious abuse of a child, the parents are able to take care of other children in the family perfectly well. It is evident in such situations that it is not

the lack of factual knowledge which hampers the parents but the emotional difficulties involved with specific attitudes and misperceptions of the parent toward an individual child.

It cannot be emphasized too strongly that one of the main elements in working with abusive parents is respect for them as individuals. It is through this route that the parent learns to respect himself and develop the ability to be empathically caring for his children. It means that the worker must be nonchalant about parental lack of perfection as he struggles to grow, and also be ready to give approval and praise for even the most minor evidence of growth. The worker must be more available than is usually considered necessary in therapeutic work, and be willing to accept telephone calls or emergency contacts outside of regular hours. All this adds up to a large burden of time, and especially of emotional drain, on the part of the worker. Hence it is believed by most of those working in the field that it is advisable, if not absolutely necessary, for more than one worker to be involved in each family in which abuse has occurred. Sharing the burden of dependency and anxiety and responsibility makes work much easier and more effective. To develop and maintain a reliable working alliance with trustful dependency on the part of the patient it is necessary for the worker to avoid any semblance of desertion or abandonment. Workers should never be out of town or unavailable without adequate notice to the parent, and this is another reason for having at least two, and often more, workers available whom the parent knows and to whom he or she can turn when the chief or principal worker may be away.

Effective work with abusive parents can be carried out by people from many different disciplines and walks of life using many different techniques. Special training and experience in a specific professional or paraprofessional field are invaluable assets for working in the difficult area of abuse, but the worker's general character and personality are of equal importance. Characteristics which are useful for a worker to have in the care of abusive parents are a nonchalant ability to accept markedly different patterns of human behavior without criticism and without trying to control and manage, an ability to adapt to patients' needs and satisfy them to a reasonable extent without being self-sacrificing, some knowledge of child development and behavior, and, if possible, experience of having successfully raised children. Above all the worker needs to have a personal life which carries enough satisfactions so that he will never have to turn to the abusive parent and expect him to behave in such a way as to satisfy his own needs for esteem

and comfort.

Psychiatric understanding of the tragic long term troubles of these parents can provide a perspective on the place which child abuse takes in their lives, and their attempts to adapt to their world. It offers a rational framework which enables workers from many disciplines using various modalities of treatment to help parents grow and develop new and better patterns of child rearing. The most valuable ingredients over and beyond intellectual insight, which enable parents to grow and develop are the time, attention, tolerance, and recognition of the worth of an individual human being, which the worker provides.